

Erectile Dysfunction:

Case 1 (Master 5/2015)

A 24 years old male was recently married since 3 months. He had 2 hypertensive parents. He was not able to have normal sex with his wife since their first night together. On taking his sexual history he stated that he was abused by one of his peers.

- a) What is your diagnosis & DD?
- b) What is the cause of this condition?
- c) What is the full clinical picture?
- d) How to manage this case (investigation & ttt)?

Answer:

- a) Psychogenic erectile dysfunction

Key points:

- First night
- Abused

DD: other causes of erectile dysfunction

- b) Traumatic childhood sexual experience as he was abused

Management:

Diagnosis (with short notes):

Detailed history:

1- Medical history:

- Age
- Behavior
- Cigarette smoking
- Diseases & drugs

2- Psychosexual history

- Sexual development & education
- Differentiation between psychogenic & organic ED
- Other sexual dysfunctions
- Psychometry

Detailed examination:

1- General examination:

- Detection of medical &/or surgical disorders
- Detection of hormonal disorders

2- Genital examination:

- Penoscrotal examination
- Prostatic examination
- Preservation of reflexes & sensations

Differentiation between psychogenic & organic ED:

- ICI test
- Nocturnal erection monitoring (sleep laboratory, Rigiscan)

Detection of the underlying cause

Therapeutic aspects (with short notes):

- Masters & Johnson principles of sex therapy
- Kaplan's principles of sex therapy
- Behavioral therapy
- Physical lines of therapy

Case 2 (Master 4/2012)

A 56 years old diabetic male complaining from inability to sustain & maintain erection for 3 years.

a) What is your diagnosis?

b) What is your management?

Answer:

a) Diabetic erectile dysfunction

b) Management:

Diagnosis:

- Classical diagnostic approach or patient goal directed approach (with short notes),

- Clinical presentations:

- Sexual desire is preserved
- Gradual decrease in rigidity of erection followed by decrease in the frequency of morning erections.
- Secondary psychological stress may aggravate the condition.
- Retrograde ejaculation may be present due to bladder incompetence as result of diabetic neuropathy.
- Abnormal nocturnal erection studies
- Acute onset of ED & loss of desire with poor diabetic control.

Treatment:

- Early stages: strict diabetic control
- Late stages: non-invasive, ICI, penile implant

Case 3 (Master 11/2011)

A 39 years old male patient complaining from deviation of the penis during erection interferes with penetration of the penis.

Case 4 (Master)

A male patient 45 years old give history of penile pain & deviation during erection. Examination revealed a fibrotic plaque on the dorsal aspect of penis.

Case 5 (Master 4/2016)

A 32 years old male complaining from penile pain & deviation during erection with inability to introduce the penis in his wife vagina of 2 years duration.

- a) What is your diagnosis?
- b) What are the possible causes?
- c) What is the possible treatment?

Answer:

- a) Peyronie's disease

Key points: Deviation of the penis during erection

- b) Causes:

- Congenital factors: pt may have other associated congenital familial conditions of abnormal fibrous tissue formation.
- Traumatic factors: repeated minor trauma (vigorous intercourse, VCD)
- Infective factors
- Neoplastic factors: carcinoid syndrome, high serotonin level initiate fibrous tissue formation
- Others: aging, arteriosclerosis, DM, autoimmune factors, drugs

- c) *Diagnosis:*

- History: pain, deviation, dysfunction, lump
- Examination: fibrotic plaque
- Investigations: rigiscan & ICI, vascular, neurological

Treatment:

Delay the surgical therapy for about 18-24 months till the disease is stabilize

Do not use VCD or ICI

1) Non-surgical:

- Oral therapy: tamoxifen, colchicines, vit E
- Intralesional therapy: calcium blockers, collagenase
- Physical therapy: radiation, ultrasound, laser

2) Surgical:

- Treatment of the curvature: Nesbit's technique, Multiple parallel placentation technique
- Treatment of the plaques: grafting surgically or by CO2 laser
- Treatment of ED: if persistent → prosthesis

Case 6 (Master 12/2010)

An adult male presented to emergency room with persistent painful erection without sexual arousal.

- Priapism

Case 7 (Master 5/2015)

A 26 years old single male used both sildenafil 100 mg & dapoxetine to have sex with a female partner. He had erection that lasted **more than 6 hours**. The erection became painful with no ejaculation.

- Priapism

Case 8 (Master 11/2011)

A 55 years old male patient came to out-patient clinic with prolonged, painful erection lasting for **4 hours** that failed to subside.

- Prolonged erection

Case 9 (Master 11/2015)

An adult male 25 years old presented to emergency room with painful erection for **more than 4 hours** without sexual stimulation.

- Prolonged erection

- a) What is your diagnosis?
- b) What is the cause of this condition?
- c) What is the full clinical picture?
- d) How to manage this case (investigation & treatment)?

Answer:

- b) The cause of this condition:

Veno-occlusive:

Iatrogenic causes:

- ICI of vasoactive drugs: papaverine, papaverine-phentolamine bimax, prostaglandins
- Oral & parental drugs: antidepressants, anti-anxiety, addictive, antihypertensive, anticoagulant, androgens

Non-latrogenic causes:

- Idiopathic
- Traumatic
- Inflammatory
- Neoplastic
- Blood
- Neurogenic

Arterial :

latrogenic causes:

- Penile revascularization operations
- ICI

Non-latrogenic causes:

- Pelvic or perineal trauma

c) Clinical picture:

Aspect	Veno-occlusive	Arterial
Incidence	More common	Less common
Trauma	May be present	Always present
Onset	Acute	Delayed
Pain & tenderness	Marked	Absent
Penile rigidity	Marked	Less

d) Investigations:

Aspect	Veno-occlusive	Arterial
Aspirated blood	Dark red with PO2 of venous blood	Bright red with PO2 of arterial blood
Duplex examination	Weak arterial flow signals	Obvious arterial signals
cavernosography	Restricted venous flow	No Restricted venous flow

Treatment:

Veno-occlusive:

Non-surgical measures: Aspiration/irrigation method (with short notes)

Surgical: Shunting operations(with short notes)

- Cavernosoglans shunt
- Cavernospongiosum shunt
- Cavernosaphenous shunt

Arterial:

Non-surgical measures: selective pudental arteriography followed by embolization

Surgical: selective cavernosal artery ligation

Case 10 (Master 11/2011)

A 31 years old male complaining of the presence of blood in the semen (hemospermia) of 1 month duration.

- a) What are the causes of this condition?
- b) How can you manage this patient?

Case 11 (Master 4/2012)

A 67 years old male complaining from the presence of blood in semen, the condition is repeated in short time.

- a) What are the possible causes?
- b) What is your management?

Answer:

a) Causes:

1- Idiopathic

2- Diseases of the prostate & seminal vesicles:

- Prostate-vesicular congestion
- Inflammations:
 - Non-specific: chronic bacterial prostatitis, chronic non-bacterial prostatitis
 - Specific: bilharziasis, tricomoniasis, TB, gonorrhea
- Neoplastic: cancer prostate, carcinoma of seminal vesicles
- Senile prostate
- Prostatic calculi
- Cysts of the seminal vesicles

3- Other rare causes:

- Blood disease: purpura, leukemias, anticoagulants
- Hypertension
- Cirrhosis of liver with portal hypertension
- Papilloma or cyst of the verumontanum
- Abnormal posterior urethral vessels

b) Management:

- History: trauma, infection, bleeding disorder
- Physical examination: blood pressure, penis, vasa, prostate, SV
- Urine analysis/culture
- Semen analysis/culture
- Laboratory analysis for bleeding disorders
- Transrectal US/ cystourethroscopy
- MRI
- Vasography/ intravenous urogram/ seminal vesiculography/ CT
- Treatment of the cause